

SHELLFISH HANDLING AND MARKETING CERTIFICATE

INSTRUCTIONS: Submit the application in duplicate for each place of business. Please return the application(s) to:

Department of Health Services
Food and Drug Branch
MS 357
P.O. Box 942732
Sacramento, CA 94234-7320

A. Name of firm

B. List any DBAs used (specify firm name to be printed on certificate)

C. Application type

☐ New

☐ Renewal

Current Certificate Number: _____

D. Food processor registration number

E. Place of business address (number, street)

City

State

ZIP code

F. Mailing address (P.O. Box, etc.)

City

State

ZIP code

G. Phone number

()

H. FAX number

()

I. 24-hour emergency number

()

J. E-mail address

K. Corporate Officers

Name	Title	Mailing Address (number, street)	City	State	ZIP Code

L. Name of person responsible for plant operations

Title

M. Type of shellfish

☐ Fresh

☐ Oysters

☐ Clams

☐ Frozen

☐ Mussels

☐ Scallops

N. Will any shellfish be held in wet storage?

☐ Yes

☐ No

O. Will any shellfish you handle leave the State?

☐ Yes

☐ No

P. Will the shellfish be stored at your facility?

☐ Yes

☐ No

If not, location where shellfish are stored: _____

Q. Please check the description that fits your shellfish activities:

☐ Shellfish are depurated.

☐ Shellfish are fully shucked and placed in containers.

☐ Shellfish are shucked on the half-shell.

☐ Shucked shellfish are repackaged from larger to smaller containers.

☐ Shell stock is harvested and disturbed.

☐ Shell stock is repacked from larger to smaller containers.

Please immediately notify the Food and Drug Branch of any changes in the above information. By signature, the applicant affirms that all of the information provided is true and correct.

Signature of applicant

Date

Print name

Print title